

State of Hawaii
Department of Health

RFP Title:
Infant and Toddler
Development Services

RFP Number: HTH 530-4

March 15, 2004

REQUEST FOR PROPOSALS

INFANT AND TODDLER DEVELOPMENT SERVICES RFP No. HTH 530-4

The Department of Health, Family Health Services Division, Children with Special Health Needs Branch, Early Intervention Section is requesting proposals from qualified applicants to provide infant and child development services to infants and toddlers under the age of 3 with special needs and their families. The contract term will be from July 1, 2004 through June 30, 2007. Multiple contracts will be awarded under this request for proposals.

Sealed proposals must be postmarked by U.S. mail before midnight on April 30, 2004 or hand delivered by 4:30 p.m., Hawaii Standard Time at the drop off site that is designated on the following page.

Proposals postmarked after midnight on April 30, 2004 or hand delivered after 4:30 p.m. H.S.T. on April 30, 2004 will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The Early Intervention Section will conduct an orientation on March 22, 2004 from 9:00 a.m. to 10:30 a.m. at the Early Intervention Section conference room located at the Pan Am Building, 1600 Kapiolani Blvd., Suite 1401, Honolulu, Hawaii 96814. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. H.S.T. on March 29, 2004. All written questions will receive a written response from the State on or about April 5, 2004.

Inquiries regarding this RFP should be directed to the RFP Contact Person, Helene Kaiwi at 1600 Kapiolani Blvd., Suite 1401, Honolulu, Hawaii 96814, or may be made by telephone to (808) 973-9654.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

IMPORTANT INFORMATION

ONE ORIGINAL AND THREE COPIES OF THE PROPOSAL ARE REQUIRED.

**ALL MAIL-INS MUST BE POSTMARKED BY U.S. POSTAL SERVICE
BEFORE 12:00 MIDNIGHT, April 30, 2004**

All Mail-ins

Department of Health
Early Intervention Section
1600 Kapiolani Blvd., Suite 1401
Honolulu, Hawaii 96814

DOH RFP COORDINATOR

Helene Kaiwi
For further info. or inquiries
Phone: 973-9654
Fax: 973-9655

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL
4:30 P.M., April 30, 2004.**

Drop-off Site

Department of Health
Early Intervention Section
1600 Kapiolani Blvd., Suite 1401
Honolulu, HI 96814

BE ADVISED: All mail-ins postmarked U.S. Postal Service after 12:00 midnight, April 30, 2004, will not be accepted for review and will be returned.

Hand deliveries will not be accepted after 4:30 p.m., April 30, 2004.

Deliveries by private mail services such as Fedex shall be considered hand deliveries and will not be accepted if received after 4:30 p.m., April 30, 2004.

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Early Intervention Section
 Children with Special Health Needs Branch
 Department of Health, State of Hawaii
 1600 Kapiolani Blvd., Suite 1401
 Honolulu, Hawaii 96814
 Phone: (808) 973-9654 Fax: (808) 973-9655

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	<u>Mar. 15, 2004</u>
Distribution of RFP	<u>Mar. 15, 2004</u>
RFP orientation session	<u>Mar. 22, 2004</u>
Closing date for submission of written questions for written responses	<u>Mar. 29, 2004</u>
State purchasing agency's response to applicants' written questions	<u>Apr. 5, 2004</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>Apr. 16, 2004</u>
Proposal submittal deadline	<u>Apr. 30, 2004</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>Not Applicable</u>
Final revised proposals (optional)	<u>Not Applicable</u>
Proposal evaluation period	<u>May, 2004</u>
Provider selection and award	<u>May, 2004</u>
Notice of statement of findings and decisions	<u>May, 2004</u>
Contract start date (Anticipated)	<u>July 1, 2004</u>

V. Orientation

An orientation for applicants in reference to the request for proposal will be held on March 22, 2004 from 9:00 a.m. to 10:30 a.m. at the Early Intervention Section Conference Room located at the Pan Am Building, 1600 Kapiolani Blvd., Suite 1401, Honolulu, Hawaii 96814. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions) in order to generate a written state purchasing agency response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is 4:30 p.m. H.S.T., on March 29, 2004. All written questions will receive a written response from the state purchasing agency. State purchasing agency responses to applicant written questions will be sent by April 5, 2004.

VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

- (1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application Instructions, including a cost proposal/budget. (Refer to Section 3 of this RFP.)
- (2) ***Competitive POS Application Check List*** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form (SPO-H-100A)*** – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at:
<http://www.state.hi.us/icsd/dags/spo.html>
 Click on *Health and Human Services*
 Click on *The Registered List of Private Providers for Use with the Competitive Method of Procurement*
 or call the purchasing agency at 973-9654 or the State Procurement Office at 587-4706.
- (4) ***Certifications*** - Federal and/or State certifications, as applicable.
- (5) ***Program Specific Requirements*** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application, as applicable.

Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One original and 3 copies of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected.

Submission of proposals by applicants through telefacsimile, electronic mail, and/or computer diskette is **not** permitted by the state purchasing agency.

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

IX. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

X. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XI. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIII. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals (Section 3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Applicant not responsible (Section 3-143-610 (2))

XVI. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place

by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XVII. Notice of Award

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office Website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. A Notice of Protest regarding an award of contract and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the POS Proposal Checklist in Section 5 of this RFP). Only the following matters may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome L. Fukino, M.D.	Name: Valerie K. Ako
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O.Box 3378 Honolulu, HI 96801-3378	Mailing Address: P.O.Box 3378 Honolulu, HI 96801-3378
Business Address: 1250 Punchbowl Street Honolulu, HI 96813	Business Address: 1250 Punchbowl Street Honolulu, HI 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance Measures
- (2) Quality of Services
- (3) Financial Management
- (4) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website (see the POS Proposal Application Checklist in Section 5 of this RFP for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

The Early Intervention Section may also be required to make small or major modifications to individual contracts that it is unable to anticipate now. Reasons for such modifications may include, but not be limited to Federal Health Insurance Portability and Accountability Act (HIPAA).

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO Website (see the POS Proposal Application Checklist in Section 5 of this RFP). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Background

The Children with Special Health Needs Branch (CSHNB), Family Health Services Division (FHSD), is soliciting applications for the purpose of providing family-centered, community-based, comprehensive, multi-disciplinary services for infants and toddlers, birth to age three, with developmental delays and their families.

B. Purpose or Need

The State of Hawaii is mandated to provide early intervention services to infants and toddlers, under age three, who are eligible to services based upon criteria outlined in P.L. 105-17, also known as the Individuals with Disabilities Education Act (IDEA), Part C, and the Hawaii Early Intervention State Plan.

C. Description of the goals of the service

The goals of the early intervention services are to enhance the development of infants and toddlers with special needs, minimize their potential for developmental delay, reduce the educational costs to our society, minimize the likelihood of institutionalization, and enhance the capacity of families to meet the special needs of their infants and toddlers.

D. Description of the target population to be served

Infants and toddlers, under the age of three, with developmental delays and their families, who are determined eligible under IDEA Part, C, can receive the early intervention services under this RFP.

E. Geographic coverage of service

Island of Oahu. The applicant may apply to provide services for one or more of the following geographic areas: Central Oahu (Mililani, Waipio Gentry, Waikele), Leeward Oahu (Waipahu, Royal Kunia), or Windward Oahu (Waimanalo, Kailua, parts of Kaneohe up to Kaneohe Bay Drive/Likelike Highway). A separate application is required for each geographical area for which the applicant is applying.

F. Probable funding amounts, source, and period of availability

\$1,800,000 in State and Federal funds per fiscal year.

II. General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO website (See Section 5, POS Proposal Checklist, for the website address).

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

None

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single ☒ Multiple ☐ Single & Multiple

Multiple contracts will be awarded for the island of Oahu.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contracts will be multi-term, from 07/01/2004 through 06/30/2007.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person and received on or

before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Helene Kaiwi
Early Intervention Section
1600 Kapiolani Blvd., Suite 1401
Honolulu, HI 96814
Phone : (808) 973-9654

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

In each contract year, the awardee shall:

1. Provide early intervention services to infants and toddlers, between birth and age three, with special needs and their families who are eligible for services. To be eligible, the infant or toddler must have a delay in one or more of the following areas of development: cognition, communication, physical (including vision and hearing), social or emotional, or adaptive skills. This also may include infants and toddlers between birth and age three with prenatal, neonatal, or early developmental events suggestive of biological insults to the developing central nervous system which increase the probability of delayed development.
2. Identify an interim care coordinator for each child/family at the time of their referral to the early intervention program.
3. Evaluate each child as to his or her eligibility for the program by a multi-disciplinary team of professionals that includes the child's parents or care givers and re-evaluated at least annually.
4. Develop an Individualized Family Support Plan (IFSP) for all eligible infants and toddlers and their families. It will be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services. Each IFSP will identify the care coordinator who is responsible for providing care coordination services for that family, the strengths and needs of each child and family, the services necessary to enhance the development of the child, the capacity of the family to meet the child's needs, and a transition plan prior to the child's third birthday. Services provided by other State and/or community agencies should be included in the IFSP. The IFSP will be completed within 45 calendar days from the date of referral and reviewed every six

months, or earlier, if requested by a member of the multi-disciplinary team, including the family, and re-evaluated annually.

5. Provide or link children and families with the following services: family training, counseling, and home visits; special instruction, speech pathology, audiology services, occupational therapy, physical therapy, psychological services; care coordination services; medical services only for diagnostic or evaluation purposes; early identification, screening, and assessment services; health services necessary to enable the infant or toddler to benefit from the other early intervention services; transportation; vision services; and assistive technology devices and services. All services should be delivered as conveniently and non-intrusively as possible, and within the child and family's natural environment.
6. Provide opportunities and activities to support families, recognizing that they possess a wide range of strengths, concerns, and aspirations beyond the need for specialized health and developmental services for their child. Family support services should focus on promoting and building on existing strengths and abilities, increasing knowledge and self sufficiency, and reflect the needs and wants of families.
7. Assist families in accessing a medical home for preventive care, anticipatory guidance, and well-child care. The awardee shall support the identification of the medical home for each family, and will coordinate all services with the medical home.
8. Hold a transition meeting prior to each child's third birthday. For children who will be eligible for preschool special education services under Part B of IDEA, and with the approval of the family, this transition meeting will be held among the program staff representing Part C, the family, and the local educational agency or unit, at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for preschool services. The care coordinator shall continue in this role until a permanent care coordinator is named at the Individualized Education Program (IEP) meeting. If a child is found not eligible for Part B services, or if the family does not choose to select the DOE service, reasonable efforts will be made to convene a meeting among staff representing Part C, the family, and community providers to discuss other appropriate services the child may receive.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

- a. Comprehensive services shall be provided by a multi-disciplinary team of professionals (program or contracted staff) who meet the highest professional standards and competencies for the State of Hawaii, as identified in the approved Hawaii Early Intervention State Plan. Staff who do not meet these standards must be approved in advance by the Early Intervention Section. If approved for hire, a plan must be developed to encourage and assist the individual to meet these standards. The Early Intervention Program Manager will work with the Early Intervention Section Training Specialist in identifying appropriate training programs to meet staff training needs. All staff will be under the supervision of the Early Intervention Program Director/Manager.

2. Administrative

- a. Appropriate reports and records pertaining to the provision of services in accordance with standards developed by the Early Intervention Section, FHSD, shall be maintained by the program provider and made available for monitoring review by the Early Intervention Section staff upon request.
- b. The awardee shall attend, at least annually, a meeting of purchase of services providers of early intervention services.
- c. A schedule for services (e.g. days of operation, including Saturdays, days for staff training, etc.) shall be developed and approved by the Early Intervention Section Administrator. Special priority should be given to providing services in the child and family's natural environment and at days/times that support the family's schedule.
- d. The awardee shall abide by the procedural safeguard regulations, dispute resolution procedures, and other applicable regulations.
- e. The awardee shall make an acknowledgement of the Department of Health and CSHNB as the awardee's program sponsor. This acknowledgement shall appear on all printed materials for which the DOH is a program sponsor.
- f. The awardee shall cooperate fully with all centralized billing efforts of the Department of Health to maximize federal reimbursements and other third party collection efforts, including but not limited to the following: Title IV-E training and administrative claiming forms; Title XIX carve-out and Medicaid fee-for-service; and private insurance recoverable costs.

3. **Quality assurance and evaluation specifications**

- a. The awardee shall conform to the following guidelines:
 - IDEA, Part C
 - HRS 321.351 – 321.354
 - Hawaii Early Intervention State Plan
 - Americans with Disabilities Act (ADA)
- b. The awardee shall have a quality assurance plan, which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
- c. The awardee shall cooperate fully with all quality assurance efforts of the Department of Health, including, but not limited to, IDEA, Part C activities related to implementing a statewide continuous improvement monitoring process, and service testing.

4. **Outcome and Performance Measures**

As a means toward achieving the goal of improving the developmental status of infants and toddlers with special needs and their families, the FHSD will require the reporting of performance measures. This approach proposes that the awardee take responsibility for achieving the performance objectives for specific early intervention indicators. These short term performance objectives are linked to long term statewide objectives. Defined performance objectives are addressed in the Service Delivery section of the POS Application (Refer to Section 3).

5. **Reporting requirements for program and fiscal data**

Note: Program and fiscal data reporting requirements may change to be in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA).

- a. The awardee shall submit quarterly and annual written reports on services provided, number of children and families served, and other data, etc., according to timelines and formats set by the Department of Health. Quarterly reports are due 30 days after the end of each quarter.
- b. The awardee shall submit to the Department an annual variance report within 60 calendar days after the end of each fiscal year in the format requested by the Department, documenting the organization's

achievement towards the planned performance objectives for the budget period and explaining any significant variances (+/- 10%).

- c. The awardee shall participate in all data collection requirements, including participation, by all families, in the Family Health Services Division database system, the Federal child count data collection, gathering information for the early intervention carve-out, and other Department of Health data requirements.
- d. Invoices for payment shall be submitted monthly. Utilizing non-identifiable child data (e.g. child's initials), the awardee must attach a list of the children who received early intervention services to each monthly invoice. The number of children being claimed on the invoice shall correspond to the number of children on this list.
- e. The awardee shall submit quarterly expenditure reports, including personnel costs, on Form POST 210 and POST 210a (Refer to Section 5, Attachment F).

6. Pricing structure or pricing methodology to be used

- a) Negotiated unit of service rates shall be used for allowable early intervention services.
- b) Cost reimbursement will be utilized for additional staff positions (e.g. data clerk). Cost for these additional positions should **not** be calculated as part of the unit rate. The State reserves the right to eliminate these additional staff positions at its discretion.

7. Units of service and unit rate

The unit of service is a provision of an early intervention service and will be based on hourly units for services as described in Section 2, Scope of Work. The unit rate will be based on the best possible quantitative measurement of service(s) being purchased. Unit rates are subject to annual review and adjustment.

Section 3
POS Proposal
Application Instructions

Section 3

POS Proposal Application Instructions

General instructions for completing applications:

- *POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO Website (for the website address see the Competitive POS Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Background and Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the applicants' organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

II. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

B. Quality Assurance and Evaluation

The applicant shall describe its quality assurance and evaluation plans for the proposed services, including methodology.

C. Coordination of Services

The applicant shall demonstrate its capability to coordinate services and collaborate with other Part C agencies and community resources.

D. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Personnel: Project Organization and Staffing

A. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

B. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

C. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. The applicant shall include information on the number of days that direct services will not be provided due to trainings. (Refer to Section 2, III, B.2.c)

D. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the POS Proposal Application.

IV. Service Delivery

The Service Delivery Section shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work as follows:

A. Service Activities

1. Applicants shall describe their approach to all eight (8) service activities in this section (Refer to Section II, Item IIIA, 1-8), including a description of the program’s capacity to provide these services in the following settings and times:

Settings:

- Home
- Community preschool
- Community daycare (e.g. home of child care provider)
- Other community locations (e.g. park, Early Head Start)
- Program for children with developmental delays
- Other (List)

Days/Times:

(Daytime = 8:00 am to 4:30 pm; Evening = 4:30 pm to 7:30 pm)

- | | |
|-------------|-----------------|
| • Monday | Daytime/Evening |
| • Tuesday | Daytime/Evening |
| • Wednesday | Daytime/Evening |
| • Thursday | Daytime/Evening |
| • Friday | Daytime/Evening |
| • Saturday | Daytime/Evening |
| • Sunday | Daytime/Evening |

B. Management Requirements

Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance measures, and the approach to be taken in meeting these objectives for the multi-year contract period. Please refer to Table A - Performance Measures, which should be completed and attached to the POS Application Proposal. This table may be found in Section 5, Attachment G of this RFP.

The applicant shall provide a statement of whether an assessment is being conducted to determine whether they are a covered entity as defined by the Federal Health Insurance Portability and Accountability Act (HIPAA), and if completed, the resulting decision. For those applicants who consider themselves a covered entity, a description of plans to meet HIPAA standards should be attached.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

1. Pricing Structure Based on Negotiated Unit of Service Rate

In order to determine a unit rate for each service provider type(s), the applicant and state purchasing agency will negotiate the total cost per service provider type(s). Step-by-step instructions on how to complete the budget worksheets and forms are located in Section 5, Attachment D of the RFP. The following budget form(s) shall be submitted with the POS Proposal Application:

- EIS Budget Worksheets 1 through 6
(Refer to Section 5, Attachment E of the RFP)

- EIS Budget Forms 1 through 8
(Refer to Section 5, Attachment E of the RFP)

Note: A revised budget may be requested from the awardee upon issuance of the notice of statement of findings and decisions.

2. Pricing Structure Based on Cost Reimbursement

Cost reimbursement will be utilized for start up costs, not to exceed the first eight (8) months of the contract.

Cost reimbursement will also be utilized for additional staff positions (e.g. data clerk). Cost for these additional positions should **not** be calculated as part of the unit rate. The State reserves the right to eliminate these additional staff positions at its discretion. The following budget form shall be submitted with the POS Proposal Application:

- Form EIS-POS-1 Additional Early Intervention Related Expenses
Budget Justification (Refer to Section 5, Attachment E of the RFP)

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

A. Evaluation Categories and Threshold

<u>Evaluation Categories</u>		<u>Possible Points</u>
Mandatory Requirements		Pass or Rejected
<i>POS Proposal Application</i>		100 Points
Background and Summary	10 points	
Experience and Capability	20 points	
Personnel: Project Organization and Staffing	10 points	
Service Delivery	50 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. *Administrative Requirements*

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

2. *POS Proposal Application Requirements*

- POS Application Title Page (Form SPO-H-200)
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of POS Proposal Application (100 Points)

1. *Background and Summary (10 Points)*

- The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity.
- The goals and objectives are in alignment with the proposed service activity.
- The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

2. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.
- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

- Demonstrated capability to coordinate services with other agencies and resources in the community.
- Adequacy of facilities relative to the proposed services.

3. *Personnel: Program Organization and Staffing (10 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Minimum qualifications (including experience) for staff assigned to the program.
- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks).

4. *Service Delivery (50 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application. The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

a. *Service Activities*

- Is the proposed service delivery method appropriate to meet the objectives and goals as indicated in the scope of work:
- Are services comprehensive?
- Does the proposal clearly describe the services for children from point of entry to termination?

b. *Management Requirements (Performance Measures)*

- Are the applicant's performance objectives both reasonable and achievable?
- Adequacy of applicant's approach in meeting targeted performance objectives.
- Adequacy of applicant's methodology for data collection relative to performance measurement.

5. Financial (10 Points)

a. Pricing structure based on negotiated unit of service rate:

- Applicants proposal budget is reasonable, given program resources and operational capacity.

b. Pricing structure based on cost reimbursement:

- Applicants proposal budget is reasonable, given program resources and operational capacity.

C. Phase 3 - Recommendation for Award

The Evaluation Committee will prepare a Notice of Award which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

Section 5

Attachments

Attachment**Document**

A	Competitive POS Application Checklist
B	POS Proposal Application - Sample Table of Contents
C	Federal Certifications <ul style="list-style-type: none">• Debarment and Suspension• Drug-Free Workplace Requirements• Lobbying• Program Fraud Civil Remedies Act (PFCRA)• Environmental Tobacco Smoke
D	Budget Instructions and Billable Activities
E	Budget Forms <ul style="list-style-type: none">• EIS Budget Worksheets 1 through 6• EIS Budget Forms 1 through 8• EIS-POS-1
F	Expenditure Report Forms <ul style="list-style-type: none">• Form POST 210• Form POST 210a
G	Table A - Performance Measures

Attachment A

Competitive POS Application Checklist

Competitive POS Application Checklist

Applicant: _____

RFP No.: HTH 530-4

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. *SPO-H Forms are located on the web at <http://www.state.hi.us/icsd/dags/spo.html> Click on *Health and Human Services* and then on *Procurement Forms & Instruction for Private Agencies*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
1. POS Proposal Application Title Page (SPO-H-200)	Section 1, RFP	SPO Website*	X	
2. Competitive POS Application Checklist	Section 1, RFP	Attachment A	X	
3. Table of Contents	Section 5, RFP	Section 5, RFP	X	
4. POS Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
5. Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Pre-Registered)	
6. Tax Clearance Certificate (Form A-6)	Section 1, RFP	SPO Website*		
7. Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
EIS Budget Forms 1 thru 8	Section 3, RFP	Section 5, RFP	X	
EIS Budget Worksheets 1 thru 6	Section 3, RFP	Section 5, RFP	X	
EIS-POS-1	Section 3, RFP	Section 5, RFP	X	
Certifications:				
8. Federal Certifications	Section 1, RFP	Section 5, RFP	X	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace Requirements		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	

Authorized Signature

Date

Attachment B

POS Proposal Application: Sample Table of Contents

Attachment C

Federal Certifications

Attachment D

Budget Instructions And Billable Activities

Budget Instructions

The Early Intervention Section, Department of Health, has revised its methodology on how to project your budget. Instead of basing your budget on a unit cost per child served per month, you will need to project your budget based on a unit cost per hour of billable activity by an approved staff. You will project the number of hours of billable activities will be necessary to meet the needs of the children you estimate to serve each month. The majority of costs to provide services will be embedded into the hourly rate of approved staff. The process described below should be used to determine the hourly rate per approved service provider.

Definitions:

Approved Service Providers:

- Occupational therapists
- Physical therapists
- Speech language pathologists
- Special educators
- Paraprofessionals
- Others*

*Justification is required for any other service provider (in addition to those listed) who is required in order to meet your program's objectives.

Billable Activities: (refer to Attachment 1 for a description of each activity)

- Intake
- Evaluation/Assessment
- IFSP
- Family Training and Counseling
- Treatment – Individual
- Treatment – Group
- Treatment – Co-treatment
- Transportation
- Transition Support
- Phone Calls
- No show (for community/home visits only)

Process:

To determine your budget, you must complete Attachment 2, Worksheets, to show your work as well as the appropriate budget forms.

1. Estimate the number of children you will provide early intervention services to each month.
2. Worksheet 1: Estimated Hours by Service Provider and Activity Per Month. For the above number of children, estimate the number of hours both for each billable activity and by service provider that is necessary to meet the needs of the

estimated number of children you intend to serve each month. DO NOT include any activity that is provided by a social worker. It is recommended that if you are currently providing early intervention services, use your current data in estimating the number of billable services that are needed. If you are not currently providing early intervention services, estimate what you think will be necessary.

Example: You estimate to serve 100 families. Generally 10 new referrals are received per month which require an intake. Each intake averages approximately 1 hour per family. Intake is generally handled 80% of the time by a social worker and 20% by the special educator. Therefore, 8 (80%) of the intakes will be completed by a social worker and 2 (20%) by the special educator. At 1 hour per intake, the special educator will spend 2 hours (2 intakes x 1 hour) with this activity. Place “2” for Intake under SPED. The 8 hours (2 intakes x 1 hour) handled by the DOH social worker are **not** included. The evaluation for eligibility is provided by a multidisciplinary team of the special educator and OT. Your agency allows each member of the team 1.5 hours to complete the evaluation and the write-up. Place “7.5” (5 evaluations x 1.5 hrs.) for Eval./Assessment under both SPED and OT.

3. Worksheet 2: Estimated Number of Hours per Year. Transfer from Worksheet 1, the Total Hours by Service Provider (Columns B-G) to Worksheet 2, Estimated Hours/Month (Column B). Multiply as indicated to determine the estimate of the number of hours per year by service provider that is needed (Column D).
4. Worksheet 3: Estimated FTE Needed by Service Provider. This worksheet will help determine the number of direct service staff necessary to provide the billable activities. Time study data found that out of 2080 work hours per year (40 hrs./wk. X 52 wks.), an average of 62.35% or 1297 hours were used for billable activities. The remaining time, 37.65% or 783 hours were used by direct service staff for vacation, sick leave, staff meetings, training, and other administrative duties.

To complete this worksheet, transfer from Worksheet 2, Estimated Hours/Year (Column D), to Worksheet 3, Estimated Total Hours/Year (Column B). Divide as indicated to determine the estimate of the number of FTE required to provide the billable activities (Column D).

5. Worksheet 4: Proposed Service Delivery Plan. This worksheet will help determine how you intend to provide the necessary activities. You may choose to hire all necessary staff, or may choose to hire some staff and sub-contract for some services.

To complete this worksheet, transfer from Worksheet 3, Estimated FTE by provider (Column D), to Worksheet 4, Estimated FTE (Column B). Determine

how you intend to pay for the service providers' hours, through hiring salaried staff and/or sub-contracting for services.

For example, from Worksheet 3 it is determined that you will need 1.2 FTE of occupational therapy. Place "1.2" in Column B. At 1297 work hours/ year or 108/month, .2 FTE equals 21.6 hours/month (108 x .2). Because it is very unlikely to hire a staff at this amount of FTE, you decide to sub-contract .2 FTE, or 21.6 hours/month. Place "1" in Column C and "21.6" in Column D.

6. Complete Budget Forms 1-7 (as applicable).

Budget Form 1: Budget. This form summarizes the total amount needed to provide services, including both the budget request and agency contribution. This form is to be completed with information from Budget Forms 2-7 (as applicable). Column (a) is your budget request; column (b) is the amount your agency contribution, via other contracts, fund raising, etc.; and column (c) is the expected total cost to serve the number estimated. If your agency does not provide any financial support, complete only Column (a).

Budget Form 2: Budget Justification: Direct Service Personnel - Salaries and Wages. The FTE on this form should match the FTE by service provider on Worksheet 4, Column C. Transfer this cost information to Budget Form 1, A1– Personnel Cost, Salaries – Direct Service Staff.

Budget Form 3: Budget Justification: Administrative Personnel - Salaries and Wages. This form includes all staff who **do not provide direct services but** support the program administratively. It may include (if applicable): a proportion of the executive director and accountant), clerical staff, program manager, etc. Transfer this total to Budget Form 1, A2 – Personnel Cost, Salaries – Administrative Staff.

Note: If a staff provides part direct service and part administrative service, include this staff in both Budget Forms 2 and 3. For example, the program manager is an occupational therapist and spends 50% of her time providing billable activities and 50% providing administrative support. She should be listed at .5 FTE in Budget Forms 2 and 3.

Budget Form 4: Budget Justification: Personnel: Payroll Taxes, Assessments, and Fringe Benefits. Complete as indicated on the form. Transfer this cost information to Budget Form 1, A3 – Personnel Cost, Payroll Taxes & Assessments and Budget Form 1, A4 – Personnel Cost, Fringe Benefits.

Budget Form 5: Budget Justification: Contractual Services – Direct Services Subcontracts. If you plan to sub-contract for direct services, complete this form as indicated. Transfer this cost information to Budget Form 1, C – Contractual Services – Direct.

Budget Form 6: Budget Justification: Equipment Purchases. If you plan on purchasing equipment, complete this form and transfer the cost information to Budget Form 1, D – Equipment Purchases.

Budget Form 7: Budget Justification: Travel – Inter-Island. If staff travel to another island for training, to provide services, etc., complete this form and transfer the cost information by category to Budget Form 1, B1 – Airfare-Inter-Island, B14 – Subsistence/Per Diem, and B17 – Transportation.

7. Worksheet 5: Determining the Portion of the Budget to be Reallocated. Transfer the following from Budget Form 1, Total Budget - Column (c) to Budget Form 5, Column B: A2. Salaries – Administrative Staff; A3. Payroll Taxes & Assessment (for **all** staff); A4: Fringe Benefits (for **all** staff); and, the total of B. Other Current Expenses. The total is the amount of the budget to be reallocated into approved staff salaries.
8. Worksheet 6: Determining Hourly Cost by Service Provider
 - Transfer from Worksheet 5, total of Column B, to Worksheet 6, as indicated at the top of the page.
 - Column B: Transfer from Worksheet 4, Salaried Staff FTE (Column C) to Worksheet 6, FTE (Column B).
 - Column C: Determine and transfer salary **totals by discipline** from Budget Form 2: Budget Justification: Direct Service Personnel - Salaries and Wages, to Worksheet 6, Direct Salaries (Column C).
 - Column D: Reallocate the amount in Worksheet 6 across service providers in proportion to the service provider FTE. For example, if the total salaries of the Speech Language Pathologists equals 40% of the direct salaries, determine 40% of the funds to be reallocated and place this amount in Column D, Speech Language Pathologist. The total of Column D must equal the amount noted on the top of Worksheet 6.
 - Column E: Add the Direct Salaries (Column C) and Reallocated Funds (Column D) by each type of service provider and place in Column E by type of service provider. The total of Column E must equal the sum of Budget Form 1, A. Personnel Cost and B, Other Current Expenses.
 - Column F: Multiply FTE (Column B) by 1297 and place in Column F. This will give the number of direct service hours needed **by salaried staff**.
 - Column G: Divide Total Costs (Column E) by the number of Direct Service Hours (Column F) to determine the hourly Cost by Service Provider (Column G).
9. Budget Form 8: Budget Proposal Summary.
 - Transfer from Worksheet 6, Cost Per Hour (Column G), to Budget Form 8, Cost Per Hour (Column B).
 - Transfer from Worksheet 6, Direct Service Hours (Column F), to Budget Form 8, Number of Hours (Column C).

- Transfer from Worksheet 6, Total Costs (Column E), to Budget Form 8, Total Cost (Column D).
- Line 1: Costs for Direct Services. Transfer “Total Costs for Direct Services” from above table.
- Line 2: Contractual Services-Direct. Transfer from Budget Form 1, C – Contractual Services-Direct
- Line 3: Equipment. Transfer from Budget Form 1, D – Equipment.
- Line 4: Total Program Cost. Add lines 1 – 4.
- Line 5: Agency Contribution. Transfer from Budget Form 1, Agency Contribution (Column [b]) total.
- Line 6: Budget Request – Year I. Subtract Agency Contribution (Line 5) from Total Program Cost (Line 4).
- Lines 7-9: Budget Requests – Years II – IV. Complete and provide justification if required.

BILLABLE ACTIVITIES

The activities listed below are billable, and must be included on the invoice (Attachment 2) for reimbursement. Please note that they are billable as long as they are provided to an enrolled child under the age of 3 and/or his/her family (unless noted as an exceptions). Activities must be provided by one of the approved 6 service providers: occupational therapist (OT), physical therapist (PT), special educator (SPED), speech language pathologist (SLP), teacher/assistant (T/A [Note: teacher must be used if the individual does not have a SPED degree; however the individual must have a B.A.; assistant can only be used if the individual has specific certification, such as Certified Occupational Therapist Assistant]); paraprofessional (someone without a bachelor's degree or certification) or other (other must be approved by the EIS Supervisor or designee). If the services are provided by another service provider (e.g., social worker), they are not billable.

All units of service are to be reported on the date(s) that the actual activity was performed (e.g., if the IFSP took 2 meetings to complete, it should be reported on both days; if the write-up for the evaluation occurred on a different day, it should be reported on that day).

Intake:

Includes activities from the initial point of referral to the point of evaluation. This includes: gathering information from the family about their strengths, needs, priorities and concerns; explaining about early intervention services; completing consent forms, etc.

Evaluation:

Includes completion of a multidisciplinary comprehensive developmental evaluation to determine Part C eligibility. A multi-disciplinary evaluation is encouraged and may include time for a family interview, child observation, and developmental testing. Also included is the time for chart review and to write the evaluation report. Evaluation tools may include multi-disciplinary tools such as the Hawaii Development Charts (HDC), Hawaii Early Learning Profile (HELP), Battelle Developmental Inventory, etc. (Note: guidelines for approved evaluation instruments will be forthcoming.)

Individual Family Support Plan (IFSP):

Includes participating in an initial, review, or annual IFSP; preparing and scheduling for an IFSP; communicating with family members and caregivers (foster parents, guardians) about the IFSP meeting; contacting other agency staff or physicians for their input in the IFSP meeting if they cannot attend, developing a draft IFSP with the family, etc. Phone calls made to support the IFSP should be included here.

Assessment:

Includes completion of other assessment instruments (e.g., Upper Extremity, Picture Vocabulary, REEL, Bayley, etc.) after eligibility is determined, the IFSP is completed, and services have been initiated. Should only occur if additional information is needed to

support on-going programming. Necessary chart review and write-up time to support the assessment are also billable.

Family Training and Counseling:

Assisting the family of an enrolled child to understand the special needs of their child and to learn how to support their child's development. This may occur during parent support meetings, with a specific provider, or during other activities. If this occurs with a new child not yet enrolled, include this time in intake; if during the process of evaluating a child, include this time in evaluation; if during the process of providing treatment to a child, include this time in treatment/direct services. Involvement with parent support groups, parent-to-parent support (where an approved provider is present) is to be included here under Family Training and Counseling. Also included in this category is discussions (with or without child present) related to parenting issues.

Attendance at training/workshops with families is billable if the staff member is there to support the family. If the staff is attending to gain personal knowledge, it is not billable, unless it is a required training (see below).

If family support is provided by a parent group at the program site, it is appropriate for families to bring their children for activities while the parent support group is in progress. This may meet two needs, the need for parents to interact and the opportunity for the children to socialize with each other. This should not be confused with a group whose purpose is to meet IFSP outcomes. Bill the family support in this category and the child group activity as Treatment – Group and make a note that the group was provided to support Family Training & Counseling.

Treatment/Direct Services:

The provision of direct services to an eligible child and/or consultation with a caregiver, foster parent, preschool teacher, etc. to support the child's development. Services can be provided via a transdisciplinary model or be discipline-specific. Include time necessary (no more than 15 minutes) writing progress notes, quarterly updates, etc. Include family training as part of treatment when given during treatment. The only time this can be billed without the child's presence is if the contact is over the phone because the family must miss a session (e.g., child is ill) and wants support, or if the family calls with questions about how to implement a specific strategy at home.

Treatment-Individual Services:

Services provided by one approved service provider directly to one child and/or family to support the child's development. Preparation and clean-up time (maximum of 2 units/child visit) is billable. Time to develop materials/home programs (e.g., PECS) is billable.

Treatment-Group:

Services provided by one or more approved service provider(s) to a group of children and/or their families to support the children's development. Preparation and clean-up time (maximum of 4 units/group) is billable.

For groups of 3-5 children, a maximum of any 2 service providers are allowed for billing purposes. If, due to a child's specific needs, an additional service provider is necessary, prior permission is required.

For groups of 6-9 children, a maximum of 3 service providers (no more than 2 professionals) are allowed for billing purposes. If, due to a child's specific needs, an additional service provider is necessary, prior permission is required. (Note: all service providers except the paraprofessional is considered a professional.)

For groups of 10 or more children, a maximum of 4 service providers (no more than 3 professionals) are allowed for billing purposes. If, due to a child's specific needs, an additional service provider is necessary, prior permission is required.

Co-Treatment:Why co-treat:

The main reason for co-treatment is to support the transdisciplinary model of service provision. This first requires the designation of the primary provider, which could be a professional or paraprofessional. The roles of the other therapists are to support the primary provider to learn the necessary skills to meet all IFSP outcomes. Determining who is appropriate to be the primary provider must be based on the needs of the child and family, and the skills of the provider.

How to Determine the Frequency for Co-Treatment (based on weekly services)

If a professional is the primary provider:

For the 1st month, each additional professional listed on the IFSP can co-treat with the primary provider (professional) to share skills to support the IFSP outcomes. After the 1st month, there would be 1 co-treatment per month, to be determined by the primary provider, based on the needs of the child/family. If more frequent co-treatments are required, permission from EIS is needed.

If a paraprofessional is the primary provider:

For the 1st month, a professional listed on the IFSP can co-treat with the primary provider (paraprofessional) weekly to provide training and support to meet the IFSP outcomes. For the 2nd month, the professional can co-treat every other week. After the 3rd month, co-treatments are allowable once/month. If more frequent co-treatments are required, permission from EIS is needed.

If it is determined that the transdisciplinary model is not appropriate for a child, and that it is more appropriate for different professionals to serve the child, co-treatment is allowed once a month.

Child-Team Meeting:

This includes staff time scheduled for a substantive discussion regarding a child's progress or lack of progress. This can include as many staff members as necessary and appropriate. Family members should always be invited to participate in meetings regarding their child. Meetings can also be held with other providers such as PHNs, Early Head Start or Healthy Start staff, etc. Required court appearances, child welfare meetings and Ohana Conferences are to be included in this category. If a report is required for the meeting, include the time to prepare the report here.

Transition Support:

Support for transitioning and transferring children from the EI program to another program, including DOE, Head Start, another EI program, etc. For children transitioning to DOE, Head Start, or other program that serves children over age 3, it can include: completing DOE or other application forms; attending meetings with the family such as transition meetings, Student Support Team (SST) meetings, evaluation meetings, IEP meetings, meetings with the family in preparation of the IEP meeting, etc.; time spent visiting preschools with the family, etc. For children transferring to another EI program, it can include visiting that site with the family, etc. Participating in an IFSP to support the transfer should be billed under IFSP, not this category. Transition support for a child over age 3 can include up to 2 sessions to support a child who has already transitioned and is enrolled in a DOE, Head Start, or community preschool.

Transportation:

This includes the time necessary for a service provider to travel to a community site to enable an eligible child to receive early intervention activities (services), such as at a child's home, preschool, etc. Travel to transport the child and family from the community to the center is not billable as it should be provided by an administrative support person. Prior permission is required if the individual transporting the child and family is a direct service provider and billing permission is requested. The transportation time must be connected to the child receiving the services. When the service provider's first or last visit of the day results in bypassing the center, the time recorded for transportation is the lesser of the amount of time to return to the office or to reach home.

Required Training:

This includes only trainings that are required by the Early Intervention Section (e.g., IDEA Part C requirements) and can only be billed with prior permission. It is assumed that staff hired to provide early intervention services are licensed (as necessary) and trained in their area of expertise (e.g., speech language pathology) to provide services to infants and toddlers under age 3 with developmental delays and their families.

No Show:

A “no show” occurs when either a service provider travels to an agreed upon location in the community (e.g., home, park, etc) and the child and parent are not there, or the family does not show up at the center for a scheduled evaluation or individual treatment session. Cancellations within 48 hours of the appointment are considered a “no show” only if the program cannot substitute another child in that timeframe.

Community No Show: Billable time for the “no show” includes the travel time and the time necessary to determine that the scheduled activity will not occur (no more than 30 minutes).

The following protocol is to be followed for community no shows:

1st No Show:

Time for transportation and to determine that the scheduled activity will not occur is billable. A follow-up call must be made to the family regarding the “no show” and to re-schedule the appointment. If the family does not have a phone, a note must be left regarding the missed appointment.

2nd No Show:

Half or 50% of the time for transportation and to determine that the scheduled activity will not occur is billable. Both a note and a phone call must be made to determine (if possible) the reason for the “no show.” In addition, it is highly recommended that additional follow-up occur by a social worker or PHN (if the PHN is part of the team) to determine what might be causing the no shows.

3rd No Show:

One quarter or 25% of the time for transportation and to determine that the scheduled activity will not occur is billable. A letter must be written to the family informing them that they must call to re-schedule treatment.

4th No Show:

Not billable.

No Show Pattern:

The following example explains how the billing protocol will operate. For weekly or less frequent sessions, starting over with “1st no show” must follow 2 successive “shows.”

Week 1 – show	= full payment
Week 2 – no show	= full payment
Week 3 – show	= full payment
Week 4 – no show	= 50% payment
Week 5 – show	= full payment
Week 6 – no show	= 25% payment
Week 7 – show	= full payment
Week 8 – show	= full payment

Week 9 – pattern starts over as there were 2 consecutive “shows.”

For families receiving multiple visits per week, there must be 4 consecutive “shows” for the pattern to start over again.

Center-Based No Show: Billable time for the 1st “no show” is the actual time designated for the direct service, if no other child or billable activity can be substituted for the no-show. (Note: There must be documentation on the IFSP as to why the direct services are being provided at the center and not in the community.) Subsequent no-shows follow the same pattern as described above for community no-shows, i.e., 50% for 2nd no-show, 25% for 3rd no show. Follow up communication with families is also required. No shows for group sessions are not billable.

Subcontractors:

If the subcontractor is replacing a position which has an FTE in the approved budget (e.g., position vacant), bill at the position rate up to the number of hours equal to the FTE. For subcontracted hours approved in the budget, bill at the rate for the classification up to the number hours allowed. For hours in excess of the budgeted amount, EIS approval is needed.

Attachment E

Budget Forms

WORKSHEETS

Base the estimates below on serving 100 children per month.

Worksheet 1: Estimated Hours by Service Provider and Activity Per Month

A	B	C	D	E	F	G	H	I
Billable Activities	OT	PT	SLP	SPED	Teacher or Assistant	Para.	Other	TOTAL Hours by Activity
Intake								
Evaluation								
IFSP								
Assessment								
Family Training and Counseling								
Treatment – Individual								
Treatment – Group								
Treatment – Co.								
Child Team Meeting								
Transition Support								
Transportation								
Required Training								
No Show								
TOTAL Hours by Service Provider								

Worksheet 2: Estimated Number of Billable Hours by Service Provider per Year

A	B	C	D
Service Provider	Estimated Hours/Month	Months/Year	Estimated Hours/Year (B x C)
Occupational Therapist		12 months	
Physical Therapist		12 months	
Speech Lang. Pathologist		12 months	
Special Educator		12 months	
Teacher/Assistant		12 months	
Paraprofessional		12 months	
Other (if justification is provided)		12 months	
TOTALS		N/A	

Worksheet 3: Estimated FTE by Service Provider

A	B	C	D
Service Provider	Estimated Total Hours/Year	Direct Service Hours/Year	Estimated FTE (B divided by C)
Occupational Therapist		1297	
Physical Therapist		1297	
Speech Lang. Pathologist		1297	
Special Educator		1297	
Teacher/Assistant		1297	
Paraprofessional		1297	
Other (if justification is provided)		1297	
TOTALS		N/A	

Worksheet 4: Proposed Service Delivery Plan

A	B	C	D
Service Provider	Estimated FTE	Salaried Staff FTE	Contractual Hours/Month
Occupational Therapist			
Physical Therapist			
Speech Lang. Pathologist			
Special Educator			
Teacher/Assistant			
Paraprofessional			
Other			
TOTALS			

Worksheet 5: Portion of Budget to be Reallocated

A	B
Budget Category	Amount
A2. Salaries – Administrative Staff	
A3. Payroll Taxes and Assessments	
A4. Fringe Benefits	
B. Other Current Expenses	
TOTAL	

Worksheet 6 : Determining Hourly Cost by Service Provider

Amount to be Reallocated (from Worksheet 5): _____

A	B	C	D	E	F	G
Service Provider	FTE	Direct Salaries	Reallocated Funds	Total Costs (C + D)	Direct Service Hours (B x 1297*)	Cost Per Hour (E divided by F)
Occupational Therapist						
Physical Therapist						
Speech Lang. Pathologist						
Special Educator						
Teacher or Assistant						
Paraprofessional						
Others (if justified)						
Totals (as appropriate)						

* 1297 is the expected number of direct service hours per year per 1 FTE.

BUDGET PROPOSAL SUMMARYBudget Period: July 1, 2004 to June 30, 2005**Costs for Direct Services**

A	B	C	D
Service Provider	Cost Per Hour	Number of Hours	Total Cost
Occupational Therapist			
Physical Therapist			
Speech Lang. Pathologist			
Special Educator			
Teacher/Assistant			
Paraprofessional			
Other (if justified)			
Total Costs for Direct Services			

1. Costs for Direct Services (from above table) _____
2. Contractual Services - Direct: _____
3. Equipment: _____
4. Total Program Cost: _____
5. Agency Contribution: _____ < _____ >
6. **Budget Request – Year 1** (7/1/04 – 6/30/05) _____
7. **Budget Request – Year 2** (7/1/05 – 6/30/06) _____
8. **Budget Request – Year 3** (7/1/06 – 6/30/07) _____

If the Budget Request for Years 2 – 3 (7/1/05 – 6/30/07) increases or decreases from the Year 1 Budget Request, attach justification.

BUDGET

(Period July 1, 2003 to June 30, 2004)

Applicant/Provider: _____

RFP No.: _____

HTH 530-4

Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	Agency Contribution (b)	Total Budget (c)	(d)
A. PERSONNEL COST				
1. Salaries - Direct Service Staff				
2. Salaries - Administrative Staff				
3. Payroll Taxes & Assessments				
4. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Insurance				
6. Lease/Rental of Equipment				
7. Lease/Rental of Motor Vehicle				
8. Lease/Rental of Space				
9. Mileage				
10. Postage, Freight & Delivery				
11. Publication & Printing				
12. Repair & Maintenance				
13. Staff Training				
14. Substance/Per Diem				
15. Supplies				
16. Telecommunication				
17. Transportation				
18. Utilities				
19. Other				
20				
21				
22				
TOTAL OTHER CURRENT EXPENSES				
C. CONTRACTUAL SERVICES - Direct				
D. EQUIPMENT PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Budget Request		Name (Please type or print) _____ Phone _____		
(b) Agency Contribution		Signature of Authorized Official _____ Date _____		
(c)		Name and Title (Please type or print) _____		
(d)				
TOTAL REVENUE		For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

**BUDGET JUSTIFICATION
EQUIPMENT PURCHASES**

Applicant/Provider: _____

RFP No.: HTH 530-4 Period: July 1, 2004 to June 30, 2005 Date Prepared: _____

Contract No.: _____
(As Applicable)

DESCRIPTION OF EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED

JUSTIFICATION/COMMENTS:

**BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - DIRECT SERVICES SUBCONTRACTS**

Applicant/Provider: _____

RFP No.: HTH 530-4 Period: July 1, 2004 to June 30, 2005

Contract No.
(As Applicable) _____

NAME OF BUSINESS OR INDIVIDUAL	DISCIPLINE	ESTIMATED # HOURS	* AMOUNT PER HOUR	TOTAL (Contracted Services)
TOTAL CONTRACTED DIRECT SERVICES:				0

* Based on equivalent hourly rate for staff positions.

ATTACH SEPARATE PAGE(S) FOR JUSTIFICATION OF SUBCONTRACTED SERVICES

BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS

Applicant/Provider: _____

RFP No.: HTH 530-4 Period: July 1, 2004 to June 30, 2005

Date Prepared: _____

Contract No.: _____
 (As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	As required by law	
Unemployment Insurance (Federal)	As required by law	As required by law	
Unemployment Insurance (State)	As required by law	As required by law	
Worker's Compensation	As required by law	As required by law	
Temporary Disability Insurance	As required by law	As required by law	
SUBTOTAL:			
FRINGE BENEFITS:			
Health Insurance			
Retirement			
SUBTOTAL:			
TOTAL:			

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION

ADMINISTRATIVE PERSONNEL - SALARIES AND WAGES

Applicant/Provider: _____
 RFP No.: HTH 530-4 Period: July 1, 2004 to June 30, 2005 Date Prepared: _____
 Contract No. (As Applicable): _____

POSITION NO.	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT A x B
TOTAL:					
JUSTIFICATION/COMMENTS:					

BUDGET JUSTIFICATION
ADMINISTRATIVE PERSONNEL - SALARIES AND WAGES

BUDGET JUSTIFICATION

DIRECT SERVICE PERSONNEL - SALARIES AND WAGES

Applicant/Provider: _____
 RFP No.: HTH 530-4 Period: July 1, 2004 to June 30, 2005 Date Prepared: _____
 Contract No. (As Applicable): _____

POSITION NO.	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT A x B
TOTAL:					
JUSTIFICATION/COMMENTS:					

BUDGET JUSTIFICATION
DIRECT SERVICE PERSONNEL - SALARIES AND WAGES

BUDGET JUSTIFICATION TRAVEL - INTER-ISLAND

Applicant/Provider: _____

RFP No.: HTH 530-4

Period: July 1, 2004 to June 30, 2005

Date Prepared: _____

Contract No. _____
(As Applicable)

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
TOTAL:						
JUSTIFICATION/COMMENTS:						

**ADDITIONAL EARLY INTERVENTION RELATED EXPENSES
BUDGET JUSTIFICATION
FISCAL YEAR 2005**

Applicant/Provider: _____

Position Number	Position Title	Full Time Equivalent to Organization	Annual Salary Including Budgeted Salary Increase (A)	% of Time Budgeted to the Contract (B)	Total Salary Budgeted to the Contract (A x B)

(Cost should not be calculated as part of unit rate)

Justification for position(s) requested:

Prepared by: _____ Date: _____ Phone: _____

Attachment F

Expenditure Report Forms

Attachment G

Table A

Performance Measures

Table A – Performance Measures

Column A	Column B	Column C	Column D	Column E
Performance Measures	Projection for FY 2005	Annual Performance Objective for FY 2006	Annual Performance Objective for FY 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
1. At least 90% of children enrolled in an early intervention program will have a medical home.	a. Number of children enrolled in program ____ . b. Number of children who will have a medical home ____ . c. Percentage of children enrolled in program who will have a medical home ____ % (b ÷ a)	a. Number of children enrolled in program ____ . b. Number of children who will have a medical home ____ . c. Percentage of children enrolled in program who will have a medical home ____ % (b ÷ a)	a. Number of children enrolled in program ____ . b. Number of children who will have a medical home ____ . c. Percentage of children enrolled in program who will have a medical home ____ % (b ÷ a)	

Table A – Performance Measures

Column A	Column B	Column C	Column D	Column E
Performance Measures	Projection for FY 2005	Annual Performance Objective for FY 2006	Annual Performance Objective for FY 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
2. At least 95% of children enrolled in an early intervention program will have a completed IFSP within 45 days of referral.	<p>a. Number of children enrolled in program _____ .</p> <p>b. Number of children who will have a completed IFSP within 45 days of referral _____ .</p> <p>c. Percentage of children enrolled in program who will have a completed IFSP within 45 days of referral _____ % (b ÷ a)</p>	<p>a. Number of children enrolled in program _____ .</p> <p>b. Number of children who will have a completed IFSP within 45 days of referral _____ .</p> <p>c. Percentage of children enrolled in program who will have a completed IFSP within 45 days of referral _____ % (b ÷ a)</p>	<p>a. Number of children enrolled in program _____ .</p> <p>b. Number of children who will have a completed IFSP within 45 days of referral _____ .</p> <p>c. Percentage of children enrolled in program who will have a completed IFSP within 45 days of referral _____ % (b ÷ a)</p>	

Table A – Performance Measures

Column A	Column B	Column C	Column D	Column E
Performance Measures	Projection for FY 2005	Annual Performance Objective for FY 2006	Annual Performance Objective for FY 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
3. At least 75% of children enrolled in an early intervention program will have received services in natural environments	a. Number of children enrolled in program ____ . b. Number of children who will receive services in natural environments ____ . c. Percentage of children enrolled in program who will receive services in natural environments ____ % (b ÷ a)	a. Number of children enrolled in program ____ . b. Number of children who will receive services in natural environments ____ . c. Percentage of children enrolled in program who will receive services in natural environments ____ % (b ÷ a)	a. Number of children enrolled in program ____ . b. Number of children who will receive services in natural environments ____ . c. Percentage of children enrolled in program who will receive services in natural environments ____ % (b ÷ a)	
4. At least 90% of families who have support services identified as a need in their child's IFSP will have received these services (e.g. respite, parent groups, parent-to-parent support)	a. Number of children who had support services identified as a need in their IFSP ____ . b. Number of families who will receive support services ____ . c. Percentage of families who will receive support services ____ % (b ÷ a)	a. Number of children who had support services identified as a need in their IFSP ____ . b. Number of families who will receive support services ____ . c. Percentage of families who will receive support services ____ % (b ÷ a)	a. Number of children who had support services identified as a need in their IFSP ____ . b. Number of families who will receive support services ____ . c. Percentage of families who will receive support services ____ % (b ÷ a)	

Table A – Performance Measures

Column A	Column B	Column C	Column D	Column E
Performance Measures	Projection for FY 2005	Annual Performance Objective for FY 2006	Annual Performance Objective for FY 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
5. Of those children enrolled in an early intervention program, at least 85% who turn 3 y.o. during each fiscal year will have a transition plan in their IFSP 3 months prior to their 3rd birthday	<p>a. Number of children enrolled in program who will turn 3 y.o. during the fiscal year ____ .</p> <p>b. Number of these children who will have a transition plan in their IFSP 3 months prior to their 3rd birthday ____ .</p> <p>c. Percentage of children who will turn 3 y.o. and who will have a transition plan in their IFSP 3 months prior to their 3rd birthday ____ % (b ÷ a)</p>	<p>a. Number of children enrolled in program who will turn 3 y.o. during the fiscal year ____ .</p> <p>b. Number of these children who will have a transition plan in their IFSP 3 months prior to their 3rd birthday ____ .</p> <p>c. Percentage of children who will turn 3 y.o. and who will have a transition plan in their IFSP 3 months prior to their 3rd birthday ____ %</p>	<p>a. Number of children enrolled in program who will turn 3 y.o. during the fiscal year ____ .</p> <p>b. Number of these children who will have a transition plan in their IFSP 3 months prior to their 3rd birthday ____ .</p> <p>c. Percentage of children who will turn 3 y.o. and who will have a transition plan in their IFSP 3 months prior to their 3rd birthday ____ %</p>	

Table A – Performance Measures

Column A	Column B	Column C	Column D	Column E
Performance Measures	Projection for FY 2005	Annual Performance Objective for FY 2006	Annual Performance Objective for FY 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
6. At least 15% of children enrolled in an early intervention program will exit the program due to attaining age appropriate skills based on an evaluation	a. Number of children enrolled in program ____ . b. Number of children who wil exit the program due to attaining age appropriate skills ____ . c. Percentage of children enrolled in program who will exit due to attaining age appropriate skills ____ % (b ÷ a)	a. Number of children enrolled in program ____ . b. Number of children who wil exit the program due to attaining age appropriate skills ____ . c. Percentage of children enrolled in program who will exit due to attaining age appropriate skills ____ % (b ÷ a)	a. Number of children enrolled in program ____ . b. Number of children who wil exit the program due to attaining age appropriate skills ____ . c. Percentage of children enrolled in program who will exit due to attaining age appropriate skills ____ % (b ÷ a)	

Table A – Performance Measures

Column A	Column B	Column C	Column D	Column E
Performance Measures	Projection for FY 2005	Annual Performance Objective for FY 2006	Annual Performance Objective for FY 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
7. At least 90% of program staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan	a. Number of professional staff in program ____ . b. Number of staff who will meet the highest level of professional standards and competencies ____ . c. Percentage of staff who will meet the highest level of professional standards and competencies ____ % (b ÷ a)	a. Number of professional staff in program ____ . b. Number of staff who will meet the highest level of professional standards and competencies ____ . c. Percentage of staff who will meet the highest level of professional standards and competencies ____ % (b ÷ a)	a. Number of professional staff in program ____ . b. Number of staff who will meet the highest level of professional standards and competencies ____ . c. Percentage of staff who will meet the highest level of professional standards and competencies ____ % (b ÷ a)	